Code: _____

Department of Veterans Affairs

Primary Care/Substance Abuse Clinic Evaluation

Intake Information Form

This inventory contains questions about your background and health, your alcohol and drug use, and your relationships with friends and family. Please answer each question as accurately as you can by placing an "X" in the box next to the answer you select, circling the appropriate number, or entering information in the space provided.

Part I. Background Information

1. When were you born? . . . . . _____ - _____ - _____ 1-6
   month day year

2. Your sex: . . . . . 1☐ Male 2☐ Female 7

3. Your ethnic background:

   African-American or Black . . . . . 1☐
   Asian . . . . . 2☐
   Hispanic or Latino . . . . . 3☐
   Native American . . . . . 4☐
   White . . . . . 5☐
   Other (please specify):_____ 6☐ 8

4. How many years of school did you finish? (Please circle the last year completed)

HIGH SCHOOL

8 9 10 11 12

8 or less 9 10 11 12

COLLEGE/VOCATIONAL SCHOOL

13 14 15 16 17 9-10

1 2 3 4 5 or more

5. Are you employed?

1☐ No 2☐ Yes, part-time 3☐ Yes, full-time 11

5a. If not employed, what is the main reason?

1☐ Student 2☐ Poor health or disabled.

3☐ Retired 4☐ Homemaker 5☐ Temporarily laid off

6☐ Permanently laid off/fired 7☐ Other(specify)_____ 12-13

5b. If not employed, how long have you been out of work?

1☐ 3 months or less 2☐ 4-6 months 3☐ 7-9 months 14

4☐ 10-12 months 5☐ more than 1 year

6. What is your present (or usual, if not currently employed) occupation? Please list only one occupation and be as specific as you can.

_____ 15-18

_____

7. How many weeks were you employed in the past 12 months?

_____ weeks 19-20

7a. If you were employed in the past 12 months, how many hours did you usually work each week?

_____ hours 21-22

7b. If you were employed in the past 12 months, what was your total earned income for the 12 months?

$_____ 23-27

8. Where were you living for most of the past 12 months? (please check one only)

a house or apartment	1	
a rooming house or hotel	2	
a halfway house or group home	3	
a hospital or other inpatient treatment facility	4	
in jail	5	
a shelter or domiciliary	6	
on the street (no regular place)	7	28

9. How many times did you move in the past 12 months? _____ times 29-30

10. If you were recently in a VA hospital, where were you living in the time between your VA hospital discharge and coming to this program? (please check one only)

no time in-between (came straight to program from VA)	0	
a house or apartment	1	
a rooming house or hotel	2	
a halfway house or group home	3	
a hospital or other inpatient treatment facility	4	
in jail	5	
a shelter or domiciliary	6	
on the streets (no regular place)	7	31

11. Are you on probation or parole? . . . . . 1☐ Yes 2☐ No 32

11a. If you are on probation or parole, was your admission to this program ordered by a court or criminal justice officer? . . . . 1☐ Yes 2☐ No

12. Were you arrested in the past 12 months? . . . . . 1☐ Yes 2☐ No 34

12a. If yes, how many times were you arrested in the past 12 months? . . . . . _____times 35-36

12b. If yes, in the past 12 months, how many times were you arrested for:

driving while drunk/on drugs . . . . . _____times 37

public intoxication on alcohol or drugs . . . . . _____times

possession of illegal drugs . . . . . _____times

sale, distribution, or manufacture of drugs . . . . _____times

violent crimes against people or property . . . . . _____times

other offenses . . . . . _____times 42

13. If you were in jail, how many weeks were you in jail in the past 12 months? . . . . . _____weeks 43-44

14. If you were in a halfway house or group home in the past 12 months, for how many weeks were you there? . . . . . _____weeks 45-46

14a. How many days were paid for by the VA? . . . . . _____days 47-49

14b. How many days did you pay for? . . . . . _____days 50-52

Part II. Your Physical and Mental Health

The following questions ask about services you received from agencies other than VA hospitals and clinics.

1. In the past 12 months, were you treated in a non-VA hospital for an alcohol or drug abuse problem where you had to stay overnight? ☐ 1 Yes ☐ 2 No 53

   1a. If yes, how many times were you treated for detox only in the past 12 months? _____ times in detox

   1b. If yes, how many times were you admitted to inpatient treatment in the past 12 months? (Do not include detox) _____ times in treatment

   1c. If yes, how many weeks were you in inpatient treatment in the past 12 months? (Do not include detox) _____ weeks 56-57

2. In the past 12 months, did you have outpatient treatment in a non-VA clinic for an alcohol or drug abuse problem? (Do not include A.A./N.A./C.A.) ☐ 1 Yes ☐ 2 No

   2a. If yes, how many sessions did you have in the past 12 months? _____ sessions 59-60

3. In the past 12 months, were you treated in a non-VA hospital for an emotional or mental health problem where you had to stay overnight? (not including alcohol or drug treatment) ☐ 1 Yes ☐ 2 No

   3a. If yes, how many times were you admitted as an inpatient in the past 12 months? _____ times

   3b. If yes, how many weeks were you treated as an inpatient in the past 12 months? _____ weeks 63-64

4. In the past 12 months, did you have outpatient treatment in a non-VA clinic for an emotional or mental health problem? (not including alcohol or drug treatment) ☐ 1 Yes ☐ 2 No

   4a. If yes, how many sessions did you have in the past 12 months? _____ sessions 66-67

71-78

79-80 01

The following is a list of problems and complaints that people sometimes have. Please read each one carefully and then check the box that indicates how distressed you were by this problem or complaint in the past three months.

5. In the past three months, how much were you distressed or bothered by:

	Not at all 1	A little bit 2	Moderately 3	Quite a bit 4	Extremely 5	
a. Feelings of worthlessness	☐	☐	☐	☐	☐	1
b. Feeling so restless you could not sit still .	☐	☐	☐	☐	☐	
c. Feeling that people will take advantage of you if you let them . . .	☐	☐	☐	☐	☐	
d. The idea that something is wrong with your mind .	☐	☐	☐	☐	☐	
e. Feeling hopeless about the future	☐	☐	☐	☐	☐	5
f. Spells of terror and panic	☐	☐	☐	☐	☐	
g. Others not giving you proper credit for your achievements	☐	☐	☐	☐	☐	
h. Never feeling close to another person	☐	☐	☐	☐	☐	
i. Feeling no interest in things	☐	☐	☐	☐	☐	
j. Feeling tense and keyed up	☐	☐	☐	☐	☐	
k. Feeling that you are watched or talked about by others	☐	☐	☐	☐	☐	11

5. In the past three months, how much were you distressed or bothered by:

	Not at all 1	A little bit 2	Moderately 3	Quite a bit 4	Extremely 5	
l. The idea that you should be punished for your sins	☐	☐	☐	☐	☐	12
m. Feeling blue	☐	☐	☐	☐	☐	
n. Feeling fearful	☐	☐	☐	☐	☐	
o. Feeling that most people cannot be trusted	☐	☐	☐	☐	☐	15
p. Feeling lonely even when you are with people . . .	☐	☐	☐	☐	☐	
q. Thoughts of ending your life	☐	☐	☐	☐	☐	
r. Suddenly scared for no reason	☐	☐	☐	☐	☐	
s. Feeling others are to blame for most of your troubles	☐	☐	☐	☐	☐	
t. The idea that someone else can control your thoughts	☐	☐	☐	☐	☐	20
u. Feeling lonely	☐	☐	☐	☐	☐	
v. Nervousness or shakiness inside	☐	☐	☐	☐	☐	22

Part III. Alcohol and Drug Use

The following questions ask about your use of alcohol and drugs in the past 3 months. If you were in a hospital or in jail in the past 3 months, answer these questions in terms of your drinking in the 3 months before you entered a hospital or jail.

1. In the past 3 months, did you drink any alcoholic beverages (beer, wine, or hard liquor)? . . . . . 1☐ Yes 2☐ No 23

If NO, please skip to Question 9 at the top of page 11.

2. In the past 3 months, how often did you drink beer, wine, or hard liquor?

	Never (1)	Less than once a week (2)	1-3 days a week (3)	4-6 days a week (4)	Every day (5)	
2a. Beer	☐	☐	☐	☐	☐	24
2b. Wine	☐	☐	☐	☐	☐	
2c. Hard liquor . .	☐	☐	☐	☐	☐	26

3. On the days that you drank beer, how much beer did you usually drink?

0☐ None 1☐ 1-2 cans or bottles 2☐ 3-6 cans 3☐ 7-12 cans

4☐ 13-18 cans 5☐ 19-24 cans 6☐ 25-30 cans 7☐ more than 30 cans 27

4. On the days that you drank wine, how much wine did you usually drink?

0☐ None 1☐ 1 glass (6 ounces) 2☐ 2 glasses 3☐ 3 glasses

4☐ 4-5 glasses (1 fifth) 5☐ 2 fifths 6☐ 3 fifths 7☐ 4 fifths or more 28

5. On the days that you drank hard liquor, how much hard liquor did you usually drink?

0☐ None 1☐ 1 shot (1 ounce) 2☐ 2-4 shots 3☐ 5-7 shots 4☐ 8-12 shots

5☐ 1 pint 6☐ 2 pints 7☐ 3 pints 8☐ 4 pints or more 29

6. In the past 3 months, what was the largest amount you drank of each beverage?

6a. Largest amount of beer in any one day:

0 ☐ None 1 ☐ 1-2 cans or bottles 2 ☐ 3-6 cans 3 ☐ 7-12 cans

4 ☐ 13-18 cans 5 ☐ 19-24 cans 6 ☐ 25-30 cans 7 ☐ more than 30 cans 30

6b. Largest amount of wine in any one day:

0 ☐ None 1 ☐ 1 glass (6 ounces) 2 ☐ 2 glasses 3 ☐ 3 glasses

4 ☐ 4-5 glasses (1 fifth) 5 ☐ 2 fifths 6 ☐ 3 fifths 7 ☐ 4 fifths or more 31

6c. Largest amount of hard liquor in any one day:

0 ☐ None 1 ☐ 1 shot (1 ounce) 2 ☐ 2-4 shots 3 ☐ 5-7 shots 4 ☐ 8-12 shots

5 ☐ 1 pint 6 ☐ 2 pints 7 ☐ 3 pints 8 ☐ 4 pints or more 32

7. In the past 3 months, how often did you drink these large amounts of beer, wine, or hard liquor?

	Never (1)	Less than once a week (2)	1-3 days a week (3)	4-6 days a week (4)	Every day (5)	
7a. Beer	☐	☐	☐	☐	☐	33
7b. Wine	☐	☐	☐	☐	☐	
7c. Hard liquor	☐	☐	☐	☐	☐	35

8. In the past 3 months, how often did you:

	Never 1	Less than once a month 2	1-3 days a month 3	Once a week 4	Almost every day 5	
a. Have more to drink than you intended	☐	☐	☐	☐	☐	36
b. Try to cut down on your drinking but were unable to do so	☐	☐	☐	☐	☐	
c. Spend most of your day getting alcohol, drinking alcohol, or recovering from drinking	☐	☐	☐	☐	☐	
d. Fail to do what was expected of you at work, school, or home because of drinking	☐	☐	☐	☐	☐	
e. Give up or cut back on social, job-related, or recreational activities because of drinking	☐	☐	☐	☐	☐	40
f. Drink alcohol even though you knew that drinking was creating problems for you or making your problems worse . .	☐	☐	☐	☐	☐	
g. Need to drink much more alcohol to get high than when you first started drinking	☐	☐	☐	☐	☐	
h. Have the shakes (hands trembling, shaking inside, etc.) after stopping or cutting down your drinking	☐	☐	☐	☐	☐	
i. Take a drink to relieve a hangover or to keep from going into withdrawal .	☐	☐	☐	☐	☐	44

Remember, if you were in a hospital or jail in the past 3 months, answer the following questions in terms of your use of cocaine and other drugs in the 3 months before you entered a hospital or jail.

9. In the past 3 months, did you use cocaine in any form? . . 1☐ Yes 2☐ No 45

If NO, skip to Question 14 at the top of page 12.

If YES, How often did you . . .

	Never 1	Less than once a week 2	1-3 days a week 3	4-6 days a week 4	Every day 5	
9a. Inject cocaine . . .	☐	☐	☐	☐	☐	46
9b. Snort/sniff cocaine .	☐	☐	☐	☐	☐	
9c. Smoke crack	☐	☐	☐	☐	☐	48

10. On the days you injected or snorted cocaine, how many grams did you usually use?

0☐ Did not inject/snort 1☐ 1/4 gram or less 2☐ 1/4-1/2 gram 3☐ 1/2-1 gram

4☐ 1-2 grams 5☐ 3-4 grams 6☐ 5-6 grams 7☐ 7 grams or more 49

11. In the past 3 months, what is the largest amount of cocaine you injected or snorted in a single day?

0☐ Did not inject/snort 1☐ 1/4 gram or less 2☐ 1/4-1/2 gram 3☐ 1/2-1 gram

4☐ 1-2 grams 5☐ 3-4 grams 6☐ 5-6 grams 7☐ 7 grams or more 50

12. On the days you used crack, how much did you usually spend on crack? (If you used crack that was given to you or you did not buy, include the dollar value of that crack in the total)

0☐ None 1☐ less than $50 2☐ $51-100 3☐ $101-150

4☐ $151-200 5☐ $201-300 6☐ $301-400 7☐ more than $400 51

13. In the past 3 months, what is the most money you've spent on crack in a single day? (If you used crack that was given to you or you did not buy, include the dollar value of that crack in the total)

0☐ None 1☐ less than $50 2☐ $51-100 3☐ $101-150

4☐ $151-200 5☐ $201-300 6☐ $301-400 7☐ more than $400 52

14. In the past 3 months, how often did you:

	Never 1	Less than once a week 2	1-3 days a week 3	4-6 days a week 4	Every day 5	
a. Snort, sniff, or smoke heroin? (smack, horse, junk, "H")	☐	☐	☐	☐	☐	53
b. Inject heroin?	☐	☐	☐	☐	☐	
c. Use street methadone? (non-prescription)	☐	☐	☐	☐	☐	55
d. Use other opiates? (non-prescription morphine, demerol, darvon, codeine, or percodan)	☐	☐	☐	☐	☐	
e. Use speedballs? (heroin and cocaine mixed together)	☐	☐	☐	☐	☐	
f. Smoke marijuana? (pot, reefer, hashish, cannabis)	☐	☐	☐	☐	☐	
g. Use barbiturates? (downers, reds, yellows, phenobarbital)	☐	☐	☐	☐	☐	
h. Use tranquilizers or sedative/hypnotics? (non-prescription quaaludes, valium, librium, thorazine, haldol, stelazine, navane, mellaril, or prolixin)	☐	☐	☐	☐	☐	60
i. Use amphetamines? (uppers, speed, bennies, crank, crystal)	☐	☐	☐	☐	☐	
j. Use ice? (methamphetamine)	☐	☐	☐	☐	☐	
k. Use hallucinogens? (LSD, acid, mescaline, mesc, mushrooms, pcp, angel dust)	☐	☐	☐	☐	☐	
l. Use inhalants? (nitrous oxide, glue, amyl nitrate, poppers)	☐	☐	☐	☐	☐	64

15. In the past 3 months, how often did you have any of the following problems or experiences as a result of your drinking and/or drug use?

	Never 1	Seldom 2	Sometimes 3	Fairly Often 4	Often 5	
a. Health problems	☐	☐	☐	☐	☐	1
b. Problems with your job	☐	☐	☐	☐	☐	
c. Legal problems	☐	☐	☐	☐	☐	
d. Arguments with your spouse/partner	☐	☐	☐	☐	☐	
e. Arguments with other family members	☐	☐	☐	☐	☐	5
f. Emotional problems	☐	☐	☐	☐	☐	
g. Money problems	☐	☐	☐	☐	☐	
h. Problems with friends	☐	☐	☐	☐	☐	
i. Problems with the police	☐	☐	☐	☐	☐	
j. Problems with your neighbors	☐	☐	☐	☐	☐	10
k. Spouse/partner threatened to leave or actually left	☐	☐	☐	☐	☐	
l. Felt nervous or anxious	☐	☐	☐	☐	☐	
m. Lost a place to live	☐	☐	☐	☐	☐	
n. Hit someone	☐	☐	☐	☐	☐	
o. Lost a job or nearly lost one	☐	☐	☐	☐	☐	15
p. Been arrested	☐	☐	☐	☐	☐	
q. Drove under the influence of alcohol or drugs	☐	☐	☐	☐	☐	
r. Felt suspicious and mistrustful of people	☐	☐	☐	☐	☐	1

Part IV. Your Relationship with Your Spouse or Partner

1. What is your marital status?

Never married . . . . . 1☐
Married . . . . . 2☐
Separated . . . . . 3☐
Divorced . . . . . 4☐
Widowed . . . . . 5☐ 19

1a. If you are married or separated, how long have you been married to your spouse? . . . . _____ years 20-21

1b. If you are not married, are you living with a partner as though you are married? . . . . . 1☐ Yes 2☐ No 22

1c. If you are not married, are you dating or do you have a partner?. . . . . 1☐ Yes 2☐ No 23

If you do not have a spouse or partner, please skip to the top of page 16.

2. For each of the two sets of statements below, which statement best describes your spouse/partner? Please select one statement in each set.

2a. Drinks alcohol, and is trying to quit . . . . . 1☐
Drinks alcohol, and is not trying to quit . . . . . 2☐
Used to drink alcohol, but does not drink anymore . . . . . 3☐
Has never drunk alcohol . . . . . 4☐ 24

2b. Uses drugs, and is trying to quit . . . . . 1☐
Uses drugs, and is not trying to quit . . . . . 2☐
Used to use drugs, but does not use drugs anymore . . . . . 3☐
Has never used drugs . . . . . 4☐ 25

3. In your opinion, does your spouse/partner have a problem with alcohol or drugs?

1☐ No 2☐ Yes, with alcohol 3☐ Yes, with drugs 4☐ Yes, with both alcohol and drugs 26

4. The following questions ask about your relationship with your spouse/partner. For each question, please indicate how often these things happen with your spouse/partner.

	Never 1	Seldom 2	Sometimes 3	Fairly Often 4	Often 5	
a. Can you count on him or her to help you when you need it?	☐	☐	☐	☐	☐	27
b. Does he or she cheer you up when you are sad or worried?	☐	☐	☐	☐	☐	
c. Do you confide in him or her?	☐	☐	☐	☐	☐	
d. Do you share mutual interests or activities with him or her?	☐	☐	☐	☐	☐	30
e. Does he or she really understand how you feel about things?	☐	☐	☐	☐	☐	
f. Does he or she respect your opinion?	☐	☐	☐	☐	☐	
g. Is he or she critical or disapproving of you?	☐	☐	☐	☐	☐	
h. Does he or she get on your nerves?	☐	☐	☐	☐	☐	
i. Does he or she offer advice about quitting drugs or alcohol, without nagging?	☐	☐	☐	☐	☐	35
j. Does he or she continue to help you even when you are not able to quit? .	☐	☐	☐	☐	☐	
k. Do you tell him or her about your difficulties with quitting? . .	☐	☐	☐	☐	☐	
l. Does he or she encourage you to deal with difficult situations related to quitting drugs or alcohol?	☐	☐	☐	☐	☐	38

Part IV. Your Relationships with Others

Here are some questions about your friends and social activities. (Please do not include parents, relatives, or spouse/partner as friends when answering these questions)

1. How many clubs and organizations (for example, church groups, union, PTA, bowling team) do you belong to?

1☐ None 2☐ One 3☐ Two 4☐ Three 5☐ Four or more 39

2. How many close friends do you have, people you felt at ease with and could talk to about personal matters?

1☐ None 2☐ One 3☐ Two 4☐ Three 5☐ Four or more

3. How often are you in touch with the friend or friends to whom you feel closest?

1☐ Never 2☐ Less than once a month 3☐ Once or twice a month 4☐ Once a week 5☐ Several times a week

4. How many people do you know from whom you can expect real help in times of trouble? _____ people 42-43

5. For each of the two sets of statements below, which statement best describes most of your close friends? Please select one statement in each set.

5a. Drink alcohol, and are trying to quit . . . . . 1☐
Drink alcohol, and are not trying to quit . . . . . 2☐
Used to drink alcohol, but do not drink anymore . . . . . 3☐
Have never drunk alcohol . . . . . 4☐ 44

5b. Uses drugs, and are trying to quit . . . . . 1☐
Uses drugs, and are not trying to quit . . . . . 2☐
Used to use drugs, but do not use drugs anymore . . . . . 3☐
Have never used drugs . . . . . 4☐ 45

6. In your opinion, do most of your close friends have a problem with alcohol or drugs?

1☐ No 2☐ Yes, with alcohol 3☐ Yes, with drugs 4☐ Yes, with both alcohol and drugs 46

7. Here are some more questions about your friends. Please indicate how often these things happen with your friends.

	Never 1	Seldom 2	Sometimes 3	Fairly Often 4	Often 5	
a. Can you count on your friends to help you when you need it?	☐	☐	☐	☐	☐	47
b. Do your friends cheer you up when you are sad or worried?	☐	☐	☐	☐	☐	
c. Do you confide in any of your friends?	☐	☐	☐	☐	☐	
d. Do you share mutual interests or activities with your friends?	☐	☐	☐	☐	☐	50
e. Do your friends really understand how you feel about things?	☐	☐	☐	☐	☐	
f. Do your friends respect your opinion?	☐	☐	☐	☐	☐	
g. Are any of your friends critical or disapproving of you?	☐	☐	☐	☐	☐	
h. Do any of your friends get on your nerves?	☐	☐	☐	☐	☐	
i. Do your friends offer advice about quitting drugs or alcohol, without nagging?	☐	☐	☐	☐	☐	55
j. Do your friends continue to help you even when you are not able to quit?	☐	☐	☐	☐	☐	
k. Do you tell your friends about your difficulties with quitting. . . .	☐	☐	☐	☐	☐	
l. Do your friends encourage you to deal with difficult situations related to quitting drugs or alcohol?	☐	☐	☐	☐	☐	58

Part V. Recovery Goals and Resources

1. How confident are you that you will be completely abstinent one year from now? (please circle the one number that represents your response)

1	2	3	4	5	6	7	8	9	10
not at all confident			somewhat confident			moderately confident		extremely confident	

1-2

2. In the past 3 months:

2a. How many A.A./N.A./C.A. meetings did you attend?

1☐ None 2☐ 1-9 3☐ 10-19 4☐ 20-29

5☐ 30-39 6☐ 40-49 7☐ 50-59 8☐ 60 or more

3

2b. Do you have an A.A./N.A./C.A. sponsor? 1☐ Yes 2☐ No

If yes, how often do you see or talk with your sponsor?

1☐ Never 2☐ Less than once a month 3☐ Once or twice a month 4☐ Once a week 5☐ Several times a week

5

2c. How many of your close friends are active in A.A., N.A., or C.A.?

1☐ None 2☐ One 3☐ Two 4☐ Three 5☐ Four or more

6

If you have close friends who are active in A.A., N.A., or C.A., how often do you see or talk with them?

1☐ Never 2☐ Less than once a month 3☐ Once or twice a month 4☐ Once a week 5☐ Several times a week

7

2d. How often do you read the "Big Book", "24 Hours a Day", or other A.A./N.A./C.A. materials?

1☐ Never 2☐ Less than once a month 3☐ Once or twice a month 4☐ Once a week 5☐ Several times a week

8

3. When you do not want to drink or use drugs, what do you do to try and stop yourself? Please check the box that comes closest to how often you used each of these ways to try and stop yourself from drinking or using in the past 3 months.

	Never 1	Seldom 2	Sometimes 3	Fairly Often 4	Often 5	
a. I tell myself I can choose to drink/use or not	☐	☐	☐	☐	☐	9
b. I remove things from my home that remind me of drinking or using . . .	☐	☐	☐	☐	☐	
c. Instead of drinking or using, I engage in some physical activity	☐	☐	☐	☐	☐	
d. I remind myself that my dependency on drugs or alcohol makes me feel disappointed with myself	☐	☐	☐	☐	☐	
e. I reward myself when I do not drink or use	☐	☐	☐	☐	☐	
f. I tell myself that if I try hard enough I can keep from drinking/using . . .	☐	☐	☐	☐	☐	
g. I stay away from people who remind me of drinking or using	☐	☐	☐	☐	☐	15
h. I do something else instead of drinking/ using when I need to relax	☐	☐	☐	☐	☐	
i. I tell myself that I am able to quit if I want to	☐	☐	☐	☐	☐	
j. When I am tempted to drink/use, I think about something else	☐	☐	☐	☐	☐	
k. I get upset when I think about my drug and alcohol use	☐	☐	☐	☐	☐	
l. I do something nice for myself if I do not drink/use	☐	☐	☐	☐	☐	20
m. I stay around people who remind me not to drink or use drugs	☐	☐	☐	☐	☐	
n. I tell myself that in order to be content with myself, I must not drink or use drugs	☐	☐	☐	☐	☐	
o. I am rewarded by others if I do not drink or use drugs	☐	☐	☐	☐	☐	23

4. Please check the one statement that best represents your personal goal for treatment.

I have no personal goal for treatment at this time . . . . . ☐ 1

I want to learn how to drink alcohol in a controlled or responsible manner ☐ 2

I want to achieve total abstinence from drugs, but continue to use alcohol in a controlled or responsible manner . . . . . ☐ 3

I want to be able to drink or use drugs occasionally, but only when my urges are very strong . . . . . ☐ 4

I want to achieve total abstinence, but I realize that an occasional slip is possible . . . . . ☐ 5

I want to achieve total abstinence, and never use alcohol or drugs again . . ☐ 6 24

5. Do you consider yourself to be an alcoholic? ☐ 1 Yes ☐ 2 No

6. Do you consider yourself to be a drug addict? ☐ 1 Yes ☐ 2 No

What is today's date? _____ Month _____ Day _____ Year 27-32

Thank you very much for your help. If you have any comments or suggestions about this project, we would like to have them. Please write them here.

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